



Carrie Thienes, BS, MAT, NTP
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Remote Consultation Form

Client Name: _____ Date of Birth: _____

Guardian (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate: _____

E-mail Address: _____

Best time(s) to reach you: _____

Preferred Mode of Communication: (Check all that apply)

_____ Phone _____ E-mail _____ Live Chat _____ Skype

Preferred Mode of Document Management: (Check all that apply)

_____ E-mailed _____ Snail-Mail

Remote Consultation Fee	Hair Analysis, Interpretation, Dietary Recommendations, Food Journal Analysis, Comprehensive Health History and Symptom Burden Report, Menu Plans, Supplement Protocol, Support	\$225
Additional Functional Blood Chemistry Analysis	Over 40 biomarkers are taken in a full CBC with differential, lipid panel, thyroid panel, and general chemistry screen. These markers are interpreted for functional ranges in order to determine underlying mechanisms and disease trends	Add \$50
Baby Special (Hair Test Only)	Hair test with report and recommendations to balance and remineralize the baby's physiology (0-24 months).	\$90

Enclosed is a payment of _____ for an initial remote consultation.

Please make checks out to:

Carrie Thienes, NTP
NW Holistic Nutrition
650 SW Meadow Dr. Suite 121
Beaverton, OR 97006

All intake forms to begin the process will be mailed to you upon receipt of payment and this completed form.

**Note: NW Holistic Nutrition does not bill insurance at this time. However, a receipt of all Nutritional Therapy services will be provided that can be submitted for reimbursement from Health Savings Accounts and Health Reimbursement Accounts.*